

**GILA COUNTY COMMUNITY DEVELOPMENT  
WASTEWATER DEPARTMENT  
ADMINISTRATIVE REVIEW CHECKLIST-ALTERNATIVE SEPTIC SYSTEMS**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Owner:** \_\_\_\_\_ **APN:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**OK    Deficiency    NA    REVIEW ITEMS:**

**DATE CORRECTED**

**NOI:**

- |                          |                          |                          |  |       |
|--------------------------|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify APN:  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify Registrar of Contractors-License valid of installer | _____ |

**EH FILE:**

- |                          |                          |                          |                                   |       |
|--------------------------|--------------------------|--------------------------|-----------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contractors' soil or perc on file | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspectors' soil or perc on file  | _____ |

**NOI:**

- |                          |                          |                          |  |       |
|--------------------------|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signed/Dated ( <b>Must be signed by owner or Power of Atty</b> ) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proerty Owner:s Name   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proerty Owners Address   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proerty Owner:s Telephone  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | System Design Indicated  | _____ |

**SITE INFORMATION:**

- |                          |                          |                          |                                    |       |
|--------------------------|--------------------------|--------------------------|------------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical/Legal Address of Property | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Latitude/Longitude                 | _____ |

**SITE PLAN & CONSTRUCTION PLANS:**

- |                          |                          |                          |                           |       |
|--------------------------|--------------------------|--------------------------|---------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Included/Proper # of sets | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signed/Dated              | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drawn to Scale            | _____ |

**ADEQ SITE INVESTIGATION REPORT**

- |                          |                          |                          |  |       |
|--------------------------|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signed/Dated ( <b>Must be signed by owner or Power of Atty</b> ) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soil Evaluation Results/Perc Test Results                        | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attachments to ADEQ Form   | _____ |

**OTHER:**

- |                          |                          |                          |  |       |
|--------------------------|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Engineer's/Designer's Name/Address/Telephone               | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contractor/Installer's Name/Address/Telephone              | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B-24   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Plan or BR & Fixture Design Flow                     | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | List of Materials, Components & Equipment for Construction | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Operation & Maintenance Plan for Proposed System           | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floodplain Status Report                                   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Statement of Understanding                                 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Waiver or BR Limitation Agreement                    | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Map to Location  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Owner's Affidavit  | _____ |

**OK   Deficiency NA   REVIEW ITEMS:**

**DATE CORRECTED**

**SITE PLAN AND LOCATOR ELEMENTS:**

- |                          |                          |                          |                                     |       |
|--------------------------|--------------------------|--------------------------|-------------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reserve Area                        | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Development of Adjoining Properties | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Service                       | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roads, Parking & Easements          | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flood Plain Setbacks                | _____ |

**DESIGN ELEMENTS:**

- |                          |                          |                          |  |       |
|--------------------------|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic Profile                          | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pump Curve                                 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic Analysis or LLR                  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiring Diagram w/Light & Proper Circuits   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anti-Flotation & Flood Plain Protection    | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disinfection                               | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1-Day Storage                              | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Well Data or Proof of Depth to Groundwater | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MVS Calcs - Water                          | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MVS Calcs - Limiting                       | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disposal; Calcs                            | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A312(G) - Setbacks                         | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A312(G) - Alt Construction Method – Drip   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A312(G) - Limiting Subsurface Condition    | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A312(G) - Site Specific SAR                | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A312(G) - _____                            | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A312(G) - _____                            | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abandon Old Tank                           | _____ |

**OTHER ELEMENTS:**

- |                          |                          |                          |       |       |
|--------------------------|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |